

**MIXED
WASTE
PROCESS**

MIXED WASTE PROCESSING FACILITY
Facility Annual Report
For the period of **July 1, 2012-June 30, 2013**

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2013 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Haywood County MWP Facility

Permit: 4408-MWP-

Facility Website (URL): www.haywoodnc.net

Street 1: <u>278 Recycle Road</u>	Street 1: <u>278 Recycle Road</u>
Street 2: _____	Street 2: _____
City: <u>Clyde</u> County: <u>Haywood</u>	City: <u>Clyde</u>
State: <u>North Carolina</u> Zip: <u>28721</u>	State: <u>North Carolina</u> Zip: <u>28721</u>

Name: <u>Stephen King</u>	Name: <u>Stephen King</u>
Phone: <u>(828) 627-8042</u> Fax: <u>(828) 627-8137</u>	Phone: <u>(828) 627-8042</u> Fax: <u>(828) 627-8137</u>
Email: <u>sking@haywoodnc.net</u>	Email: <u>sking@haywoodnc.net</u>

1. Tipping Fee: \$55.00 per Ton (Attach a schedule of tipping fees if appropriate.)

2. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred: _____

3. Are there SWANA or other certified operator(s) at this facility? ☒ Yes ☐ No

If yes, indicate the following:

Name: Stephen King Certification type and expiration date: Certified Landfill Manager 5/25/16

Name: Neal Hoglen/Edward Parker Certification type and expiration date: Transfer Station Operator 4/15/14

Name: Zondra Robinson Certification type and expiration date: Transfer Station Operator 3/29/15

4. What materials are recovered from waste stream at this facility? (check all that apply and provide total annual tonnage)

<input checked="" type="checkbox"/> Paper <u>823.41</u> tons	<input checked="" type="checkbox"/> Fluorescent lightbulbs <u>3.82</u> tons	<input checked="" type="checkbox"/> Used oil/oil filters <u>50.22</u> tons	<input checked="" type="checkbox"/> Steel Cans _____ tons
<input checked="" type="checkbox"/> Cardboard <u>1,321.73</u> tons	<input checked="" type="checkbox"/> PETE (#1) Plastic _____ tons	<input checked="" type="checkbox"/> Aluminum Cans _____ tons	<input checked="" type="checkbox"/> Other Metal <u>449.88</u> tons
<input type="checkbox"/> Wood _____ tons	<input checked="" type="checkbox"/> HDPE (#2) Plastic _____ tons	<input checked="" type="checkbox"/> Computer Equipment <u>145.58</u> tons	<input checked="" type="checkbox"/> Televisions <u>67.54</u> tons
<input checked="" type="checkbox"/> Glass <u>99.82</u> tons	<input type="checkbox"/> Concrete/rubble/asphalt _____ tons	<input checked="" type="checkbox"/> Household batteries <u>1.29</u> tons	<input checked="" type="checkbox"/> Other Plastic <u>93.7</u> tons
<input type="checkbox"/> Shingles _____ tons	<input checked="" type="checkbox"/> Other (specify) <u>carpet 98.28/lead acid batteries 3.63/cooking oil 3.95/blue bags 1645.57/mattress 5.09</u>		

5. Indicate the type and quantity of material from recycling or recovery operations stockpiled on-site as of June 30, 2013 (e.g. Wood-3 tons, Metal-5 tons, etc.).

glass 20 tons rigid plastics 22 tons occ 20 tons news 20 tons metal 13 tons PETE 3 tons HDPE 3 tons aluminum cans 2 tons
steel cans 2 tons

6. Total material received at this facility during the period of July 1, 2012 through June 30, 2013. Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station, treatment and processing, or mixed waste processing facility indicate the COUNTY LOCATION OF THE FACILITY. Please indicate COUNTY and STATE, if received from another state.

[illegible]

7. Indicate the facility(s) that received your facility's non-recycled waste material:

Grand Total	5,534.72
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White Oak Landfill, 44-07, Waynesville, NC	MSW Landfill	3,633.21
TOTAL		3,633.21

Please return your completed report to:

Andrea Keller
2090 US Highway 70
Swannanoa, NC 28778
phone: 828.296.4700 email: Andrea.Keller@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature:

Date:

Name: Stephen King

Title: Director

Phone Number: (828) 627-8042

Email: sking@haywoodnc.net